
State: Arkansas **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: H03I Individual Health - Accidental Death & Dismemberment/H03I.000 Health - Accidental Death & Dismemberment
Product Name: 2013 Discretionary Clause Withdrawal Mutual - 0MW1M
Project Name/Number: 2013 Discretionary Clause Withdrawal Mutual/0MW1M

Filing at a Glance

Company: Mutual of Omaha Insurance Company
Product Name: 2013 Discretionary Clause Withdrawal Mutual - 0MW1M
State: Arkansas
TOI: H03I Individual Health - Accidental Death & Dismemberment
Sub-TOI: H03I.000 Health - Accidental Death & Dismemberment
Filing Type: Form
Date Submitted: 01/24/2013
SERFF Tr Num: MUTM-128865675
SERFF Status: Closed-Accepted For Informational Purposes
State Tr Num:
State Status: Closed-Accepted for Informational Purposes
Co Tr Num: GILBERT BURKET

Implementation
Date Requested:
Author(s): Sofia Kuehn, Jan Serafini, Kurt Vangreen, Gilbert Burket, Krysia Gannon, Robyn Gonzales, Joanne Najdzin
Reviewer(s): Donna Lambert (primary)
Disposition Date: 01/30/2013
Disposition Status: Accepted For Informational Purposes
Implementation Date:

State Filing Description:

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General Information

Project Name: 2013 Discretionary Clause Withdrawal Mutual Status of Filing in Domicile:
Project Number: 0MW1M Date Approved in Domicile:
Requested Filing Mode: Informational Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 01/30/2013
State Status Changed: 01/30/2013
Deemer Date: Created By: Krysia Gannon
Submitted By: Krysia Gannon Corresponding Filing Tracking Number:

Filing Description:

*** Per phone conversation with Rosalind Minor on January 24, 2013, a filing fee is not required to accompany this filing.***

NAIC # 261-71412

Individual Health Insurance
Disability Income Insurance
Discretionary Authority Rider 0MW1M

This letter is to notify your Department that Mutual of Omaha Insurance Company wishes to withdraw our Discretionary Authority Rider 0MW1M in Arkansas effective March 1, 2013.

We have reviewed Arkansas Rule 101 Prohibition on the use of Discretionary Clauses in Disability Income Policies, and acknowledge that such clauses as contained in this rider are no longer allowed or in effect in your state.

This rider was approved by your Department on August 6, 2010, under SERFF Tracking # MUTM-126712245 for use with our current disability income insurance policies. Please note this rider was never issued for new business sales. There are no in-force policies affected by the decision to withdraw this rider.

Withdrawal of this rider will have no effect on premium, as it is a no cost rider. A copy of this rider is attached as a supporting document for your reference.

Thank you for your consideration in this matter. Your acknowledgment of this notification would be appreciated. If I may be of any assistance, please do not hesitate to contact me.

Sincerely,

Gilbert Burket
Product and Advertising Compliance Analyst
Corporate Compliance and Ethics
Phone: 402-351-3707
Fax: 402-351-5298
Email: Gilbert.Burket@mutualofomaha.com

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Company and Contact

Filing Contact Information

Gilbert Burket, Product & Advertising Compliance Analyst
Mutual of Omaha
Mutual of Omaha Plaza
Omaha, NE 68175
gilbert.burket@mutualofomaha.com
402-351-3707 [Phone]
402-351-5298 [FAX]

Filing Company Information

Mutual of Omaha Insurance Company	CoCode: 71412	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Health Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6910 ext. [Phone]	FEIN Number: 47-0246511	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State:	Arkansas	Filing Company:	Mutual of Omaha Insurance Company
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Donna Lambert	01/30/2013	01/30/2013

State:	Arkansas	Filing Company:	Mutual of Omaha Insurance Company
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Disposition

Disposition Date: 01/30/2013

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application	Accepted for Informational Purposes	Yes
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	Yes
Supporting Document	Outline of Coverage	Accepted for Informational Purposes	Yes
Supporting Document	Previously Approved Form - 0MW1M	Accepted for Informational Purposes	Yes

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Accepted for Informational Purposes	01/30/2013
Bypass Reason:	Not applicable.		
		Item Status:	Status Date:
Bypassed - Item:	Application	Accepted for Informational Purposes	01/30/2013
Bypass Reason:	Not applicable.		
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Accepted for Informational Purposes	01/30/2013
Bypass Reason:	Not applicable.		
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Accepted for Informational Purposes	01/30/2013
Bypass Reason:	Not applicable.		
		Item Status:	Status Date:
Satisfied - Item:	Previously Approved Form - 0MW1M	Accepted for Informational Purposes	01/30/2013
Comments:			
Attachment(s):			
DISCRETIONARY AUTHORITY RIDER 0MW1M.pdf			

MUTUAL OF OMAHA INSURANCE COMPANY

DISCRETIONARY AUTHORITY RIDER

This rider is made a part of the policy to which it is attached. It is subject to all parts of your policy not in conflict with this rider. In the event of a conflict between this rider and any other provision of your policy, this rider will control.

Rider Date (same as the Policy if no date is shown)

AUTHORITY TO INTERPRET POLICY

By purchasing this policy, your employer grants us the discretion and the final authority to construe and interpret the policy. This means we have the authority to decide all questions of eligibility and all questions regarding the amount and payment of any policy benefits within the terms of the policy as interpreted by us. Benefits under the policy will be paid only if we decide, in our discretion, a person is entitled to them. In making any decision, we may rely on the accuracy and completeness of any information furnished by the employer, you or any other third party. Our interpretation of the policy as to the amount of benefits and eligibility shall be binding and conclusive on all persons.

The employer further grants us the authority to delegate to third parties, including, without limitations, Mutual of Omaha Insurance Company, the discretionary authority granted in the policy. The employer expressly grants such third party the full discretionary authority granted to us under this policy.

You or your designated beneficiary has the right to request a review of our decision. If, after exercising the policy's review procedures, you or your beneficiary's claim for benefits is denied or ignored, in whole or in part, you or your beneficiary may file suit and a court will review your or your beneficiary's eligibility or entitlement to benefits under the policy.

The employer, as program sponsor, agrees that the employer retains full responsibility for the legal and tax status of its benefits program and releases us from all responsibility for the reporting and the employment-based design of the program and from all other responsibilities not accepted in writing by our authorized representative in our home office.

Mutual of Omaha Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, flowing style.

Corporate Secretary